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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062201 (7)

1. Corporation Name

SOUTH BREVARD TITLE, INC.

Principal Place of Business

2312 S BABCOCK ST
MELBOURNE FL 32801
US

Mailing Address

2312 S BABCOCK STREET
MELBOURNE FL 32801-5308
US

3. Date Incorporated or Qualified
08/31/1993

3a. Date of Last Report
05/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-3201480

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SELLERS, RENIE G
428 ST. GEORGES CT
SATELLITE BEACH FL 32937

NAME CHANGE DUE
TO MARRIAGE →
SEE ATTACHED COPY-
MARRIAGE LICENSE

10. Name and Address of New Registered Agent

81 Name SAMS, RENIE A.
82 Street Address (P.O. Box Number is Not Acceptable)
428 ST. GEORGES CT.
83
84 City SATELLITE Beach FL 85 Zip Code 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Renie G. Sams FKA RENIE A. SAMS, PRES. 4-9-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	SELLERS, RENIE A	428 ST GEORGES CT	SATELLITE BCH. FL	<input type="checkbox"/>
D	SAMS, JOHN G	428 ST GEORGES CT	SATELLITE BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PRESIDENT / DIRECTOR	SAMS, RENIE A.	428 ST. GEORGES CT.	SATELLITE Beach FL. 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT / DIRECTOR	SAMS, JOHN G.	428 ST. GEORGES CT.	SATELLITE BEACH, FL. 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Renie G. Sams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENIE A. SAMS, PRES. 4/9/97 407-723-5206

Date

Daytime Phone #

0089775

CR2E034 (9/96)